



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

### Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

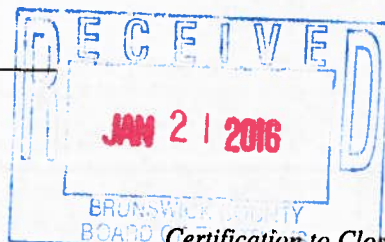
**FILED BY:**

Committee Name: Committee To Re-Elect Craig Laster Mayor  
Treasurer Name: Craig Laster  
Treasurer Address: 884 South Shore Dr  
(include city, state, & zip) Southport NC 28461  
  
Treasurer Phone: 910 845 2101

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/21/16  
Date Signed



Craig Laster  
Signature

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment

☐ Yes ☐ No

<b>1. Committee Information</b>			
a. Full Name <b>CRAIG M CASTER</b>		c. ID Number <b>QDF 8R7</b>	
b. Mailing Address (Include City, State and Zip Code) <b>884 SOUTH SHORE DRIVE SOUTHPORT NC 28461</b>		d. Date Filed <b>1/21/16</b>	
e. Phone Number			
2. Report Year <b>2015</b>	3. Period Start Date (mm/dd/yy) <b>10/20/15</b>	4. Period End Date (mm/dd/yy) <b>12/31/15</b>	5. Treasurer Full Name
<b>6. Type of Committee (Check One)</b>			
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund			
<b>7. Type of Fund (if applicable, check one)</b>			
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b>			
<b>9. Type of Report (check only one type of report from one category)</b>			
<b>Municipal</b>		<b>State/County</b>	
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>10. Special Report Name</b>			
<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <b>FIRST C.T.ZENS</b>		a. Financial Institution Full Name	
b. Purpose <b>CAMPAIN</b>	c. Account Code <b>CMC</b>	b. Purpose	c. Account Code
d. Period Begin Balance <b>\$ 705.90</b>		d. Period Begin Balance	
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
<b>CRAIG M CASTER</b> Printed Name of Signer		<b>Craig m Caster</b> Signature of Appointed Treasurer	
		<b>1/21/16</b> Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	Employee:	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail	
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail	
Date Data Entered:	Employee:	<input type="checkbox"/> Hand Delivered	
	Employee:	<input type="checkbox"/> Electronically Filed	
	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)

Committee To Reelect CRAIG PASTER MAYOR

2. ID Number

QDF8R7

3. Contributor Information

☐ Add

☐ Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

HENRY J TROSCIANIEC  
413 NORTH SHORE DR  
SOUTHPORT NC 28461

b. Job Title/Profession

REALTOR

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date

\$

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

CMC

CHECK

11/1/15

\$ 200.00

☐

\$

☐

\$

3. Contributor Information

☐ Add

☐ Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

\$

☐

\$

☐

\$

3. Contributor Information

☐ Add

☐ Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

\$

☐

\$

☐

\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

200.00

\$

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

COMMITTEE TO RE-ELECT CRAIG CASTER MAYOR

2. ID Number

QDF8R7

3. Type of Disbursement

(Please use separate CRO-1310 forms for each type of Disbursement.)

☐ Operating Expenses

☐ Contributions to Candidates/Political Committees

☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

SAN Felipe  
4961 LONG BEACH ROAD  
SOUTH PORT NC 28461

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

e. Election Sum to Date

\$

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

CMC

CHECK

0

11/2/15

\$ 50.10

Committee Dinner

4. Payee Information

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

STATE PORT PILOT  
114 E MOORE ST  
SOUTH PORT NC 28461

☐ Add ☐ Remove

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

e. Election Sum to Date

\$

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

CMC

DEBIT

0

11/19/15

\$ 51.00

med: g

4. Payee Information

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

STATE PORT PILOT  
114 E MOORE ST  
SOUTH PORT NC 28461

☐ Add ☐ Remove

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

e. Election Sum to Date

\$

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

CMC

DEBIT

0

10/28/15

\$ 184.88

med: g

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes

(List detailed expenditure code in (h.) above)

A\* - Media

B\* - Printing

C\* - Fundraising

D - To Another Candidate

E - Salaries

F\* - Equipment

G - Political Party

H\* - Holding Public Office Expenses

I - Postage

J - Penalties

K\* - Office Expenses

Q\* - Donation to Legal Expense Fund

O\* Other

\* Codes require detailed explanation in required remarks field (k)

CRO-1310

NC State Board of Elections

December 2009

# Disbursements

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee To ReElect CRAIG Casteel MAYOR						QDF8R7	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone <i>(Include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
FIRST CITIZENS BANK PO BOX 27131 RALEIGH NC 27611-7131				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CMC	DEBIT	0	10/30/15	\$ 18.00	Service fee		
				\$			
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone <i>(Include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
JOAN G KINNEY 793 S. SHORE DR SOUTHPORT NC 28461				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CMC	CASH	0	12/30/15	\$ 100.00	Re Fund		
				\$			
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone <i>(Include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
COASTAL CATERING 597 S. SHORE DR SOUTHPORT NC 28461				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CMC	CASH	0	12/30/15	\$ 501.92	Dinner		
				\$			
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee To Reelect CRAIG ASTER MAYOR				QDF 8R7	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 705.90		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 200.00		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 905.90		\$	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 905.90		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 905.90		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment

☐ Yes ☐ No

## 1. Committee Information

a. Full Name

CRAIG M CASTER

c. ID Number

QDF 8 R 7

b. Mailing Address (Include City, State and Zip Code)

884 SOUTH SHORE DR  
BSL  
SOUTH PORT NC

d. Date Filed

10/22/15

e. Phone Number

910 845 2101

2. Report Year

2015

3. Period Start Date (mm/dd/yy)

9/23/15

4. Period End Date (mm/dd/yy)

10-19-2015

5. Treasurer Full Name

6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund  
☐ Building Fund  
☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational  
☐ Thirty-five day  
☐ Pre-primary  
☒ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

State/County

- ☐ Organizational  
☐ Quarterly  
☐ First  
☐ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

FIRST CITIZENS

b. Purpose

Campaign

c. Account Code

CMC

d. Period Begin Balance

\$ 658.46

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

CRAIG M CASTER

Printed Name of Signer

Signature of Appointed Treasurer

10/22/15

Date

## FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed

☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee To Re-Elect CRAIG CASTLEMAINE		QDFBR7

Start of Election Cycle: January 1, 2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 658.46	\$

## RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ 925.00	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1583.46	\$

## EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 877.56	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 877.56	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 705.90	\$

## ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

CRO-1100

NC State Board of Elections

August 2008

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Reelect CRAIG CASTER Mayor					QDF 8R7	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHARON ZAKSZESKI 910 Holly Point RD BSL SOUTHPORT NC 28461				REALTOR		
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CMC	CHECK		10/3/15	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CRAIG CASTER 884 South Shore DR BSL SOUTHPORT NC 28461				Retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CMC	CHECK		10/5/15	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ERIC SHILLING 1108 SPRUCE RD BSL SOUTHPORT NC 28461				Retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CMC	CHECK		10/3/15	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Comm. Tee To Re Elect CRAIG Caster MAYOR					QDF8 R7	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments
John P Redmond 401 SOUTH SHORE DR BSL SOUTHPORT NC 28461				Retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CMC	Check		10/3/15	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments
Charles Wojda 161 N. LAKE DR BSL SOUTHPORT NC 28461				Retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CMC	Check			\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments
Gloria Riley 401 SOUTH SHORE DR BSL SOUTHPORT NC 28461				Retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CMC	Check		10/3/15	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) <b>Committee To ReElect CRAIG CASTER MAYOR</b>					2. ID Number <b>QDF8R7</b>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>BRENDA A HOGAN 1148 TWIN LAKES DR BSL SOUTHPORT NC 28461</b>				b. Job Title/Profession <b>[REDACTED]</b>		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CNC	CHECK		10/3/15	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>HARRY MODLIN 915 HOLLY POINT RD BSL SOUTHPORT NC 28461</b>				b. Job Title/Profession <b>[REDACTED]</b>		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CNC	CHECK		10/3/15	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>ASSOCIATION OF RETIROS 101 STONE CHIMNEY RD SUPPLY NC 28462</b>				b. Job Title/Profession <b>RETIROS</b>		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CNC	CHECK		10/19/15	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# Disbursements

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Committee To Re Elect CRAIG CASTER Mayor						QDF8R7	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
VISTA PRINT.COM							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
CMC	Debit		9/25/15	\$ 106.72			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
A SIGN OF DISTINCTION 1625 N. HOWE ST SOUTHPORT NC 28461							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
CMC	Check		10/6/15	\$ 224.18			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
VISTA PRINT.COM							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
CMC	Debit		7/26/15	\$ 129.93			
				\$			
<b>5. Total only this Page</b>						\$	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Committee To Reelect CRAIG CASTOR MAYOR					QDF8R7	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SAMS CLUB 312 SOUTH COLLEGE RD WILMINGTON NC 28405				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CMC	CHECK		10/9/15	\$ 97.97		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments
STATE PORT PILOT 111 E MOORE ST SOUTH PORT NC 28461				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CMC	DEBIT		10/13/15	\$ 133.88		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments
STATE PORT PILOT 111 E MOORE ST SOUTHPORT NC 28461				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CMC	DEBIT		10/20/15	\$ 184.88		
				\$		
5. Total only this Page					\$	
6. Total of ALL CRO-1310 Pages					\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

# Disclosure Report Cover

Amendment

☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

## 1. Committee Information

a. Full Name

CRAIG M CASTER

c. ID Number

QDF 8R7

b. Mailing Address (include City, State and Zip Code)

884 SOUTH SHORE DR  
BSL  
SOUTHPORT NC 28461

d. Date Filed

9/24/15

e. Phone Number

910 845 2101

2. Report Year

2015

3. Period Start Date (mm/dd/yy)

7/17/15

4. Period End Date (mm/dd/yy)

9/22/15

5. Treasurer Full Name

Craig Caster

## 6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party  
☐ PAC ☐ Referendum  
☐ Independent Expenditure ☐ Joint Fundraiser  
☐ Legal Expense Fund

## 7. Type of Fund (if applicable, check one)

- ☐ Booster Fund  
☐ Building Fund  
☐ Other:

## 8. Number of Fundraisers this Report

## 9. Type of Report (check only one type of report from one category)

### Municipal

- ☐ Organizational  
☒ Thirty-five day  
☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### State/County

- ☐ Organizational  
☐ Quarterly  
☐ First  
☐ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

## 10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

FIRST CITIZENS

b. Purpose

CAMPAIGN

c. Account Code

CMC

d. Period Begin Balance

\$ 0

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

CRAIG M CASTER

Printed Name of Signer

Craig M Caster

Signature of Appointed Treasurer

9/24/15

Date

## FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

## Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed

☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee To Re Elect CRAIG CASTLE MAYOR				QDF 8R7	
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 753.00		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 753.00		\$	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 94.54		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 94.54		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 658.46		\$	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee To Re Elect CRAIG ASTEE Mayor						QDF 8R 7	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOAN KINNEY 793 SOUTH SHORE DR BSL SOUTHPORT NC 28461				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ 500.00	
f. Prior <input type="checkbox"/>	g. Account Code CMC	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 9/18/15	k. Amount \$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DOUGLAS HATCH 1039 BAYSIDE LANE BSL SOUTHPORT NC				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code CMC	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 8/15/15	k. Amount \$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRUCE PENNINGTON 301 S. SHORE DR BSL SOUTHPORT NC 28461				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ 25.00	
f. Prior <input type="checkbox"/>	g. Account Code CMC	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 9/18/15	k. Amount \$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 625.00	

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee To ReElect CRAIG CASTER MAYOR					QDF8R7	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LARRY MODLIN 915 HOLLY POINT RD BSL SOUTHPORT NC 28461				<b>b. Job Title/Profession</b> NC STATE <b>c. Employer's Name/Specific Field</b>		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 28.00
f. Prior <input type="checkbox"/>	g. Account Code CMC	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 9/18/15	k. Amount \$ 28.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CRAIG CASTER 884 S. SHORE DR BSL SOUTHPORT NC 28461				<b>b. Job Title/Profession</b>  <b>c. Employer's Name/Specific Field</b>		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 100.00
f. Prior <input type="checkbox"/>	g. Account Code CMC	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 7/18/15	k. Amount \$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>  <b>c. Employer's Name/Specific Field</b>		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount \$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 128.00	

# Disbursements

Pg

of

Amendment

☐ Yes

☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Committee To Reelect RAIG PASTEE MAYOR						RDF8R7	
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee Information</b> <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)  VISTA PRINT.COM				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code CMC	g. Form of Payment Debit	h. Purpose Code	i. Date (mm/dd/yyyy) 9/11/15	j. Amount \$26.67	k. Required Remarks		
				\$			
<b>4. Payee Information</b> <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)  VISTA PRINT.COM				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code CMC	g. Form of Payment Debit	h. Purpose Code	i. Date (mm/dd/yyyy) 9/17/15	j. Amount \$67.87	k. Required Remarks		
				\$			
<b>4. Payee Information</b> <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks		
				\$			
<b>5. Total only this Page</b>							
\$							
<b>6. Total of ALL CRO-1310 Pages</b>							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
\$							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							